

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049839

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12949

STATE FILE NUMBER

FILED JAN 9 1964

1. PLACE OF DEATH  
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN ST LOUIS,

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MISSOURI COUNTY

c. CITY OR TOWN ST LOUIS,

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION CHRONIC HOSPITAL

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
3703 HEBERT ST.

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First MAYME

Middle D.

Last PARKER

4. DATE OF DEATH DEC, 27, 1963

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH ABOUT  
MARCH 29 84

9. AGE (in birthday)

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
KENTUCKY

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

RICHARD M. HALL

13b. MOTHER'S MAIDEN NAME

FLORIDA E. UNKNOWN

14. NAME OF HUSBAND OR WIFE

THOMAS G.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service).  
NO

16. SOCIAL SECURITY NO.  
NONE

17. INFORMANT Address  
BLANCHE GERHARDT 8956 MAYFIELD CT

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

2 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b).

DUE TO (c).

4200

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Hiatus Hernia

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Nov 1959 to 12-27-63 and last saw her alive on 12-27-63  
Death occurred at 12:30p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

5600 Arsenal

22c. DATE SIGNED

12/28/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

12/30/63

23c. NAME OF CEMETERY OR CREMATORY

VALHALLA CEMETERY

23d. LOCATION (City, town, or county)

ST LOUIS COUNTY MO.

24. FUNERAL DIRECTOR

ADDRESS

STROOT - CARROLL 4600 NATURAL BRIDGE

25. DATE RECD. BY LOCAL REG.

DEC 30 1963

26. REGISTRAR'S SIGNATURE

Roal Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DO NOT WRITE

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

682010-100  
Dr. Frank  
Maryland  
please

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed M W Rueter

Licensed Embalmer No. 4865

P.O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.